## **DECLARATION AND POWER OF ATTORNEY** (UNASSIGNED NONPROVISIONAL APPLICATION)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 et seq. beneath my name.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

EXTERNAL FIXATOR FOR OS	TEOSYNTHESIS OR BON	NE GAP MANIPULATIO	ON		
and for which a patent application:					
is attached hereto and include	s amendment(s) filed on (if ap	plicable)			
was filed in the United States with amendment(s) filed on (		claration not accompanying application	•		
was filed as PCT Internationa (if applicable)		05/000826 on March 30, 20	005 and was amended	under PCT Art	icle 19 on
I hereby authorize and request my a	ttorneys at Jones Day to inser	rt herein parentheses (Appl	ication No	filed	) the filing
date and application number of said I hereby state that I have reviewed a amendment referred to above.		f the above identified appli	ication, including the	claims, as amer	nded by any
I acknowledge the duty to disclose i Regulations, §1.56.	nformation known to me to b	e material to patentability	as defined in Title 37,	, Code of Feder	al
I hereby claim foreign priority bene certificate listed below and have als of the application on which priority	o identified below any foreig	ates Code, §119(a)-(d) of a n application for patent or	ny foreign application inventor's certificate h	n(s) for patent on aving a filing of	r inventor's late before that
EARLIEST FOREIGN	APPLICATION(S), IF ANY	, FILED PRIOR TO THE	FILING DATE OF T	HE APPLICAT	TION
APPLICATION NUMBER	COUNTRY	DATE OI (day, moi		PRIORITY CLAIMED	
PCT/IB2004/001008	РСТ	April 1	, 2004 Y	ES 🖾	NO □
			Y	ES 🗆	NO □
I hereby claim the benefit under Tit	le 35, United States Code, §1	19(e) of any United States	provisional applicatio	on(s) listed belo	w.
PROVISIONAL APPI	LICATION NUMBER		FILING DA	ATE	
I hereby claim the benefit under Tit matter of each of the claims of this a paragraph of Title 35, United States as defined in Title 37, Code of Fede national or PCT international filing	application is not disclosed in Code §112. I acknowledge the ral Regulations, §1.56 which	the prior United States ap he duty to disclose informa	plication in the manne tion known to me wh	er provided by to ich is material	the first to patentability
NON-PROVISIONAL APPLICATION SERIAL NO.	FILING DATE	STATUS			
THE PERSON SERVICE NO.		PATENTED	PENDING	AI	BANDONED
POWER OF ATTORNEY: As a na	med inventor, I hereby appoir	nt Practitioners at Custome	r Number 51832, all c	of Jones Day	hose address is

POWER OF ATTORNEY: As a named inventor, I hereby appoint Practitioners at Customer Number 51832, all of Jones Day, whose address is 222 East 41st Street, New York, New York 10017 and each of them, my attorneys, to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith.

JONES DAY

SEND CORRESPONDENCE TO: 222 East 41st Street, New York, New York 10017
PTO Customer No. 51832

DIRECT TELEPHONE CALLS TO:
JONES DAY DOCKETING
212-901-9028

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	LAST NAME	FIRST NAME	MIDDLE NAME		
2 0 1	OF INVENTOR	RICHTER Jens				
	RESIDENCE &	спу	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENS	НІР	
	CITIZENSHIP	Basel	Switzerland	Germany	Germany	
	POST OFFICE	STREET A4	спу	STATE OR COUNTRY	ZIP CODE	
	ADDRESS	Riehenstrasse 44	Basel	Switzerland	CH-4058	
		SIGNATURE OF INVENTOR 201	DATE			
	T	LAST NAME FIRST NAME				
	FULL NAME OF INVENTOR	PLASS	FIRST NAME André	MIDDLE NAME		
		CITY	STATE OR FOREIGN COUNTRY			
2	RESIDENCE & CITIZENSHIP	Zurich	Switzerland		COUNTRY OF CITIZENSHIP  Germany	
2	CITIZENSIII	STREET	CITY		Tan occas	
	POST OFFICE	Raemistrasse 100, Universitatsspital	Zurich	STATE OR COUNTRY Switzerland	CH-8091	
	ADDRESS	/ Herzchirugie	Zulon	Switzerland	CH-9031	
		SIGNATURE OF INVENTOR 202		DATE		
	FULL NAME	LAST NAME	FIRST NAME	MIDDLE NAME		
	OF INVENTOR	HAUSSLER	Achim			
2	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENS	COUNTRY OF CITIZENSHIP Germany	
0 3	CITIZENSHIP	Zurich	Switzerland	Germany		
J		STREET	СІТУ	STATE OR COUNTRY	ZIP CODE	
	POST OFFICE ADDRESS	Raemistrasse 100, Universitatsspital / Herzchirugie	Zurich	Switzerland	CH-8091	
		SIGNATURE OF INVENTOR 203		DATE		
	FULL NAME	LAST NAME	FIRST NAME	MIDDLE NAME		
	OF INVENTOR	GRUENENFELDER	Jurg			
2	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENS	НІР	
0	CITIZENSHIP	Zurich	Switzerland	Switzerland		
4		STREET	CITY	STATE OR COUNTRY	STREET	
	POST OFFICE ADDRESS	Raemistrasse 100, Universitatsspital / Herzchirugie	Zurich	Switzerland	CH-8091	
		SIGNATURE OF INVENTOR 204		DATE		
2	FULL NAME	LAST NAME	FIRST NAME	MIDDLE NAME		
	OF INVENTOR	ZUEND	Gregor			
	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENS	COUNTRY OF CITIZENSHIP	
0	CITIZENSHIP	Zurich	Switzerland	Switzerland		
5		STREET	СІТУ	STATE OR COUNTRY	STREET	
	POST OFFICE ADDRESS	Raemistrasse 100, Universitatsspital / Herzchirugie	Zurich	Switzerland	CH-8091	
			<u> </u>			

2 0 6	FULL NAME OF INVENTOR	LAST NAME TURINA	FIRST NAME Marko	MIDDLE NAME	
	RESIDENCE & CITIZENSHIP	CITY Zurich	STATE OR FOREIGN COUNTRY Switzerland	COUNTRY OF CITIZENSHIP Switzerland	
	POST OFFICE ADDRESS	Raemistrasse 100, Universitatsspital / Herzchirugie	crry Zurich	STATE OR COUNTRY Switzerland	CH-8091
		SIGNATURE OF INVENTOR 205		DATE	